STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH VITAL RECORDS SECTION, CUSTOMER SERVICES

410 CAPITOL AVENUE, MS #11VRS P.O. BOX 340308 HARTFORD, CT 06134-0308

REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD FROM THE STATE

FEE: \$30.00 PER COPY. REMIT MONEY ORDER MADE PAYABLE TO: 'TREASURER, STATE OF CT'

PLEASE PRINT			
FULL NAME ON CERTIFICATE*: FIRST		MIDDLE	LAST NAME
DATE OF BIRTH://	PLACE (OF BIRTH:	
MONTH DAY Y	YEAR		TOWN/CITY
FATHER'S FULL NAME: FIRST		MIDDLE	LAST NAME
MOTHER'S MAIDEN NAME:			
FIRST		MIDDLE	LAST NAME
PERSON MAKING THIS REQUEST:			
NAME:			
FIRST		MIDDLE	LAST NAME
ADDRESS: NUMBER/STREET/UNIT # STATE: ZIP CODE:			
TELEPHONE NO:	. I		Zn copi.
SIGNATURE: X			
RELATION TO PERSON NAMED ON CERTIFICATE:			
REASON FOR MAKING REQUEST:			
CERTIFICATE SIZE:			
☐ FULL SIZE	☐ WALLET SIZE The wallet size birth certificate contains less information than the full size certificate. It		TOTAL NUMBER OF COPIES:
			X \$30.00 = \$
	may not satisfy all proof of identification requirements such as those needed for a passport.		PLEASE DO NOT MAIL CASH.
NUMBER OF COPIES:	NUMBER OF COPIES:		PERSONAL CHECKS ARE <u>NOT</u> ACCEPTED.
Attach a copy of the requester's valid government issued			
photo ID or passport below:		following requirements:	
Or two (2) forms of the following:		☐ Money order made payable to 'Treasurer, State of CT'	
- Social security card		☐ Current government issued photo ID	
- Written verification of identity from employer		☐ (If applicable) verification of relationship to the	
- Automobile registration		registrant (for example, an individual requesting his/her parent's birth certificate must provide a	
Copy of utility bill showing name and addressVoter's registration card		certified copy of his/her own birth certificate).	

^{*}If adopted, please provide your adoptive name and adoptive parents' information.

VS-39BST REV 8/09